

Geriatric Research Education and Clinical Center (GRECC)

Annual Report FY 2004

Executive Summary

Malcom Randall Veterans Administration Medical Center

North Florida/South Georgia Veterans Health Administration



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FY 2004 Annual Report

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Background on GRECCs

The Veterans Health Administration initiated a strategy in the mid-1970's to focus attention on the aging veteran population, to increase basic knowledge of aging, to transmit that knowledge to health care providers and to improve the quality of care to the aged. A cornerstone of this strategy is the development of Geriatric Research, Education and Clinical Centers (GRECCs). The GRECCs are "centers of excellence" that are designed for the advancement and integration of research, education and clinical achievements in geriatrics and gerontology into the total VA health care system. In December 1983, the Gainesville VA Medical Center was awarded a GRECC. The three components, research, education and clinical, bring together VA and University of Florida personnel in basic sciences, medicine, dentistry, nursing, pharmacy, and the health-related professions. This GRECC is one of twenty such Centers of Excellence on Aging in the Department of Veterans Affairs.

Executive Summary

The FY 2004 has brought many changes to the Geriatric Research Education and Clinical Center at the Malcom Randall VA in Gainesville, Florida. Some were anticipated and welcome – filling of vacant positions; and some were less so – 4 hurricanes, one of which wrecked havoc on our work environment, necessitating a temporary move. Regardless, we pressed on. For our efforts, we can boast of many victories across the year in all aspects of our work, and know that a foundation is in place for FY2005 as well.

As we look back across FY 04, first we acknowledge several personnel changes. Debra A. Newell, PhD, joined us October 5, 2003, being appointed to fill the vacant Associate Director for Education and Evaluation position. Ms. Barbara Kay, Program Assistant, was on extended medical leave from October 6, 2003 until her retirement January 31, 2004. Mr. Robert Stoetzer was hired as the GRECC Program Assistant on May 16, 2004. Bernadette Spates, PhD, was assigned to work with GRECC's Education and Evaluation Section on July 1, 2004.

The local Administrative Executive Committee approved use of one physician vacancy to hire a promising junior research scientist. Jared Wilsey, PhD, is committed to the GRECC through March 31, 2005. Philip J. Scarpace, PhD, Associate Director for Research, completed his five years as a Distinguished Scientist assigned to Research Service and returned to the GRECC as of April 1, 2004.

The GRECC operated with three (3) "Acting" positions across FY04: Acting Director, Acting Clinical Director and Acting Associate Director of Education and Evaluation. And, more changes were in the making.

Education

The GRECC serves multiple constituents with our educational programming. The key audiences and recipients of geriatric/gerontology curricula are 3rd and 4th year medical students from the University of Florida College of Medicine, medical residents, geriatric medicine fellows, multiple discipline health profession trainees, host VA staff, North Florida/South Georgia VA staff, VISN 8 VA staff, UF faculty and staff, community practitioners, caregivers and elders.

In late September FY2004, the GRECC held its first national conference in two years, entitled "Comfort, Care and Compassion: End of Life and Palliative Care for the Elderly in the 21st Century." For this effort, the GRECC partnered with the Hospice of North Central Florida network, and the planning committee was comprised of members from the VA, Hospice, the University of Florida and the community. This is a landmark occasion in that the GRECC has not previously partnered with a community organization to host a conference. Additionally, we invited vendors to participate and support various functions within the conference. The totality of speakers was national caliber, and the conference format utilized was also a refreshing new design for the GRECC. The educational event was a huge success. An impact evaluation is planned for FY05.

Other educational achievements in FY04 include the:

- Spring Geriatrics/Gerontology and the Geriatrics Primary Care Lecture Series' – with CME, CNE, Pharmacy and Social Work CE offered for each lecture;
- the Friday Geriatrics Conference each week;
- hosting of a guest scholar – Julie Malphurs, PhD, and
- the Whittington Lecture – Kenneth Brummel-Smith, MD.

Three educational research manuscripts were published by Dr. Newell. Dr. Newell presented results of an educational research project at the Ottawa conference in Barcelona, Spain in July. Dr. Newell and Ms. Colleen Campbell, GEM Coordinator, each presented work at the Association of Medical Education in Europe conference in Edinburgh, Scotland in September 2004. Dr. Pennypacker was part of the lecture series faculty of the Caring for the Older Patient IV CD series, producing the section entitled "On our watch." (See Publications, and Presentations Tables)

Additional educational coups include the addition of a week-long palliative care curriculum for 4th year medical students, a month-long palliative care externship and a rehabilitation curriculum for medical residents.

Clinical

Clinically, the GRECC demonstration projects and clinical models have greatly impacted not only the host VAMC and patient care, but have also been disseminated to various facilities in the NF/SG system, and the community. In the clinical arena, the focus is on the care of patients as well as the clinical training of health professions trainees.

The clinical and educational efforts dovetail a great deal, in that the clinical education of the residents, fellows, students and trainees occurs in the Nursing Home Care Unit and within multiple GRECC demonstration projects (e.g., the Palliative Care Unit, the Geriatric Evaluation and Management Unit (GEM), and the Gait and Balance Clinic).

There are two primary services where fellows, trainees and students rotate. These include the Geriatric Evaluation and Management Unit (GEM) and the Palliative Care Unit (PCU). The GEM unit focuses on rehabilitation/restorative care of individuals to enable individuals to return to the community setting whenever possible. The PCU patients are generally terminal, however some do return home for a brief period. These two settings, along with the various ambulatory clinics (e.g., wound care, geriatrics, gait and balance) and the various other services (e.g., home based primary care), jointly provide a broad exposure to the elderly population.

GRECC Traineeships for Associated Health Professions

Since 1983, a special priority for geriatric education and training had been recognized by the Office of Academic Affiliations (OAA) in the allocation of associated health training positions and funding support. This program is targeted to the 16 (Geriatric Research, Education and Clinical Centers (GRECCs), hosted at 18 VA medical centers, and to VA medical centers (non-Interdisciplinary Team Training Program, non-GRECC sites) that provide education and clinical programs for the care of the older veteran.

The Department of Veterans Affairs, Office of Academic Affiliations (OAA) offers a limited amount of support for Trainees in Associated Health Professions. Support is for trainees at the Masters level or above except for OT which supports Baccalaureate and Masters students.

Gainesville GRECC traineeships are available in the following disciplines:

- Audiology
- Speech Pathology
- Occupational Therapy (Baccalaureate or Masters)
- Pharmacy Residents
- Physical Therapy
- Psychology Intern (Doctoral)
- Social Work

- Nurse practitioner (Lake City Location)
- Clinical Nurse Specialist (Lake City Location)
- Optometry

In FY2004, the Gainesville GRECC provided Geriatrics clinical training for 15 health professions trainees (2-audiology/speech, 6-pharmacy, 1- optometry, 1-occupational therapy, 1- physical therapy, 2-social work, and 2-psychology). Additionally, the GRECC trains 4 geriatric fellows and 24 medical residents each year.

Research

There are currently the four main research foci for the GRECC, with the specific emphasis areas denoted:

- Basic Biomedical:** Exercise Physiology, Geropharmacology, Immunology/infectious disease, Obesity/diabetes
- Applied Clinical:** Exercise Physiology, Geropharmacology, Immunology/infectious disease, Dementia, Coronary risk factors in females
- Health Services:** Exercise in frail elderly
- Rehabilitation:** Stroke, Dementia, Transitional rehabilitation care

On the research front, multiple GRECC staff received grant funding, totaling FY04 expenditures in excess of \$3.5M. In FY04, research grants were submitted by all eligible junior research staff and pre-doctoral trainees. Presentations at national conferences provided dissemination opportunities for multiple research findings. A listing of the various research projects for FY2004 is provided below.

Research topics in 2004

- leptin signaling with age.
- the role of neuropeptides on energy balance with age
- gene therapy to reverse age-related obesity
- the role of melanocortins in age-related obesity
- brain rehab post CVA
- the potential role of EEG biofeedback in the treatment of hemispatial neglect following stroke
- cerebral mechanisms underlying pain responses
- the neural basis of depression and the impact of transcortical magnetic stimulation on depression
- the potential role of robotics in treatment of motoric dysfunction and hemispatial neglect after stroke
- memory plasticity in Parkinson's disease
- sleep disorders and sundowning in patients with dementia
- the roles on tumor necrosis factor and insulin resistance in sarcopenia
- studies of hormonal responses to exercise
- androgen responses in rats

- GDNF gene therapy on hypothalamic neurons and body weight regulation with age
- biosynthesis of catecholamines and stress
- balance and falling
- cerebral mechanisms underlying response to constraint induced movement therapy for upper extremity paresis following stroke
- multicenter trial to test optimal duration and timing of supported treadmill training for gait disorders following stroke

GRECC Staff FY 2004

John R. Meuleman, MD



Dr. Meuleman is the Acting Director of the GRECC, and Associate Professor of Medicine Division of Internal Medicine, University of Florida College of Medicine. Dr. Meuleman has been with the GRECC for 20 years, and is involved with the clinical training of medical students, residents, fellows and health professions trainees. Dr. Meuleman is additionally involved with clinical practice, clinical research and day to day operations of the GRECC.

Phillip Scarpace, PhD



Dr. Scarpace is the Associate Director of Research and a Professor in the Department of Pharmacology at the University of Florida. Dr. Scarpace has been with the Gainesville GRECC for 17 years and is the awardee of multiple VA and NIH grants supporting his research and that of pre-doctoral research trainees.

Debra A. Newell, PhD



Dr. Newell is the Acting Associate Director for Education and Evaluation and Assistant Professor of Medicine. Dr. Newell is involved in development of educational research projects, curriculum for residents and fellows, faculty mentoring, teaching the research and evaluation curriculum for fellows and trainees, and evaluation of GRECC programming. Additionally, Dr. Newell is responsible for conferences and lecture series/CE training of health professionals. Dr. Newell has been with the GRECC for a year and a half.

Leslye Pennypacker, MD, FACP



Dr. Pennypacker is the Acting Clinical Director and the Director of the Palliative Care Unit in the NHCU. The Palliative Care unit is a demonstration project of the GRECC. Dr. Pennypacker precepts the geriatric fellows and medicine residents, as well as teaching 3rd and 4th year medical students, and is a Clinical Assistant Professor, Division of Internal Medicine, University of Florida College of Medicine. Dr. Pennypacker has been with the GRECC for 2 years, and the Gainesville VA for 3 years.

Steven Borst, PhD



Dr. Borst is the GRECC staff pharmacologist, and an Associate Professor in the Department of Applied Physiology at the University of Florida. Dr. Borst is the recipient of multiple VA and NIH research grants supporting his research, and has been with the GRECC for 16 years. Dr. Borst's research encompasses age-related obesity and androgen treatment in aging male rat models.

Steve Nadeau, MD



Dr. Nadeau is the GRECC staff Neurologist and Professor of Neurology at the University of Florida. Dr. Nadeau maintains clinical and research practices, as well as clinical teaching of the residents, trainees and fellows, and Directing the Neurology Clerkship at UF College of Medicine. Dr. Nadeau has been with the GRECC for 17 years. Dr. Nadeau works in collaboration with the Brain Rehabilitation Research and Research Outcomes Rehabilitation Center faculty researchers.

Nihal Tumer, PhD



Dr. Tumer is a GRECC staff pharmacologist, and Professor in the Departments of Pharmacology and Applied Physiology at the University of Florida. Dr. Tumer studies cardiac function with aging and changes in nervous system plasticity with aging. Dr. Tumer has been with the GRECC for 15 years.

Bernadette Spates, RN, PhD



Dr. Spates is the Deputy Director of Education for the GRECC, joining the staff in July 2004. Dr. Spates is involved in the educational programming and some clinical care responsibilities. Dr. Spates worked with Nursing Education at the VA for many years before coming to the GRECC.

Jared T. Wilsey, PhD



Dr. Wilsey is a research scientist with the GRECC, having been with the GRECC for a little over a year. Dr. Wilsey earned his PhD from the University of Florida in Pharmacology in 2003, with his primary research focus being neuronal regulation of energy balance.

David Lowenthal, MD, PhD



Dr. Lowenthal is the Director Emeritus of the GRECC. Dr. Lowenthal has been with the GRECC for 16 years, and remains active in research and teaching of medical students, residents and fellows. Dr. Lowenthal's areas of research include exercise and aging, strength training, and pharmacology related to hypertension, cardiovascular disease, coronary artery disease, diabetes/glucose control and endocrine function.

Colleen Campbell, MSN, APRN-BC, CRRN-A



Ms. Campbell is a clinician and educator. Her current position is the Co-Director of the Geriatric Evaluation and Management (GEM) unit at the Malcom Randall VA, and has been with the GRECC for 9 years. Ms. Campbell is a member of Phi Kappa Phi, the American Nursing Association, the Association of Rehabilitation Nurses, and Sigma Theta Tau. Additionally, Ms. Campbell is integrally involved in the training of residents, trainees and fellows, as well as co-investigator on many clinical research studies.

Myra Gresh



Mrs. Gresh is the Administrative officer for the Geriatric Research, Education and Clinical Center at the Malcom Randall VA, and has been with the GRECC for 16 years. Ms. Gresh is also a member of the Society of Government Meeting Professionals.

Robert Stoetzer



Mr. Stoetzer is the Program Assistant for the GRECC, joining the staff in May of 2004. Mr. Stoetzer's primary interest is in technology and computer program applications.

Sandy Schwab



Mrs. Schwab is the GRECC Geriatrics Fellowship Coordinator and Secretary to the Director, having joined the GRECC in May of 2003.

Highlights of FY2004 in Review

***Publications, Presentations, Awards,
Committees, Consultation and Outreach
by GRECC Staff in FY2004***

Collectively in FY2004, the Core GRECC staff published twenty-five manuscripts in peer reviewed journals, 2 book chapters and 1 book. Including the Affiliated Core Research staff, a total of 42 published manuscripts in peer-reviewed journals and 3 book chapters, and 1 book were published. These publications are listed below.

PUBLICATIONS BY GRECC STAFF IN FY 2004	
Scarpace, P.J., Matheny, M., Zolotukhin, S., Tümer N. and Zhang, Y. Leptin-induced leptin resistance rats exhibit enhanced responses to the melanocortin agonist MTII. <i>Neuropharmacol</i> , 45, 211-219, 2003.	
Dogan, M.D., Sumners, C., Broxson, C.S., Clark, N., and. Tümer, N.: Central angiotensin II increases biosynthesis of tyrosine hydroxylase in the rat adrenal medulla. <i>Biochem and Bioph Res Com</i> , 313, 633-636, 2004.	
Zhang, Y., Matheny., M. Tümer, N. , and Scarpace P.J.: The melanocortin agonist MTII circumvents aged related leptin resistance. <i>Neurobiol Aging</i> , (in press), 2004.	
Nadeau, Steven. Intentional Disorders. Pp. 2788-2799. Noseworthy JH (Ed.) In Neurological Therapeutics: Principles & Practice. December 2003.	
Nadeau, Steven. Alzheimers Disease as a Window to Neural Mechanisms of Cognition. <i>Neurology</i> ; Vol. 61; pp. 1470-1471.	
Nadeau, Steven. Rehabilitation of Language Disorders. Pp 129-174. Ponsford J (Ed.) In Cognition and Behavioral Rehabilitation: From Neurobiology to Clinical Practice. February 2004.	
Nadeau, Steven. Medical Neuroscience. Pp. 650. February, 2004.	
Nadeau, S. Donepezil as an Adjuvant to Constraint-Induced Therapy for Upper Extremity Dysfunction After Stroke. <i>Journal of Rehabilitation Research and Development</i> , Vol. 41: 525-534.	
Beach RE, Newell DA and Goodwin JS. The AAMC-Hartford Geriatrics Curriculum Program: Reports from 40 Schools; University of Texas Medical Branch at Galveston. <i>Academic Medicine</i> ; July 2004; Vol. 79(7) Suppl., S177-S181.	
Newell DA , Beach RE, Raji MA and Lieberman SL. "Integrating Geriatric Content into a Medical School Curriculum: Description of a Successful Model." <i>The Journal of Gerontology and Geriatrics Education</i> ; Volume 25(2); 15-32, 2004.	
Newell DA and Beach RE. "Implementation and Delivery of a Community Learning Experience: The Family Home Visit Program." <i>The Journal of Intergenerational Relationships</i> ; Volume III, Issue 1, 2004. In Press.	
Glueckauf, R.L., Blonder, L.X., Ecklund-Johnson, E., Crosson, B., Maher, L., Rothi.	

Functional Outcome Questionnaire for Aphasia: Overview and Initial Psychometric Evaluation. <u>Neurorehabilitation</u> , 2003, 18:281-290.
Cato, MA, Crosson, B, Gokcay, D, Soltysik, D, Wierenga, C, Gopinath, K, Himes, N, Belanger, H, Bauer, RM, Fischler, IS, Rothi, LJG , Briggs, RW. Processing words with emotional connotation: An fMRI study of laterality and effects on rostral frontal and retrosplenial cortices. <u>Journal of Cognitive Neuroscience</u> , 2004,16(2):167-77.
Rosenbek, J.C., Crucian, G.P., Leon, S.A., Heiber, B., Rodriguez, A.D., Holiway, B., Ketterson, T.U., Ciampitti, M., Heilman, K.M., Gonzalez-Rothi, L.J. Novel treatments for expressive aprosodia: A Phase I investigation of cognitive-linguistic and imitative interventions. <u>Journal of International Neuropsychological Society</u> , 2004, 10:786-793.
Nadeau, S. E., Behrman, A. L., Davis, S. E., Reid, K., Wu, S.S., Stidham, B.S., Helms, K. M., Rothi, L. J. G. Donepezil as an adjuvant to constraint-induced therapy for upper-limb dysfunction after stroke: An exploratory randomized clinical trial. <u>Journal of Rehabilitation Research and Development</u> , 2004, 41:525-534.
Doyle, P.J., McNeil, M.R., Mikolic, J. M., Prieto, L., Hula, W. D., Lustig, A., Ross, K., Wambauth, J. L., Gonzalez-Rothi, L. J. , Elman, R. The Burden of Stroke Scale (BOSS) provides valid and reliable score estimates of functioning and well-being in stroke survivors with and without communication disorders. <u>Journal of Clinical Epidemiology</u> , 2004,
Heilman KM, Valenstein E, Rothi LJG , Watson RT (2004) Intentional Motor Disorders and Apraxia. In: <u>Neurology in Clinical Practice: Principles of Diagnosis and Management</u> . Eds. WG Bradley, RB Daroff, GM Fenichel, J Jankovic. Butterworth Heineman, Phila Penn Pp.117-130.
Heilman KM , Case reports and case studies: An endangered species. <u>Cognitive and Behavioral Neurology</u> . 17: 121-124, 2004.
Lee BH, Kang SJ, Park JM, Son Y, Lee KH, Adair JC, Heilman KM , Na DL. (2004) The Character-line Bisection Task: a new test for hemispatial neglect. <u>Neuropsychologia</u> . 42(12):1715-1724.
Rosenbek, JC, Crucian, GP, Leon, SA, Hieber, B, Rodriguez, AD, Holiway, B, Ketterson, TU, Ciampitti, M, Heilman, K , Rothi, LG. (2004) Novel treatments for expressive aprosodia: A Phase 1 investigation of cognitive linguistic and imitative interventions. <u>Journal of the International Neuropsychological Society</u> , 10: 786-793.
Tsao JW, Dickey DH, Heilman KM . (2004) Emotional prosody in primary progressive aphasia. <u>Neurology</u> ; 63(1):192-3.
Shenker JI, Wylie SA, Fuchs K, Manning CA, Heilman KM . (2004) On-line anosognosia: Unawareness for chorea in real time but not on videotape delay. <u>Neurology</u> . 63(1): 159-160.
Heilman KM (2004) Intentional neglect. <u>Frontiers in Bioscience</u> 9:694-705.
Redberg R, Cannon RO, Bairey Merz N, Lerman A, Reis SE, Sheps DS : Women's Ischemic Syndrome Evaluation: Current Status and Future Research Directions. Report of the NHLBI Workshop, Oct 2-4, 2002 - Stable Ischemia: Pathophysiology and Gender Differences. <u>Circulation</u> 2004; 109:e47-e49.
Blumenthal JA, Babyak M, Carney R, Humber M, Saab PG, Burg MM, Sheps DS ,

Powell L, Taylor CB, Kaufmann P. Exercise and Mortality after Acute Myocardial Infarction. <i>Med Sports Sci Ex</i> 2004. In Press.
Carney RM, Freedland KE, Jaffe AS, Frasure-Smith N, Lesperance F, Sheps DS , Glassman AH, OConnor CM, Blumenthal JA, Kaufmann PG, Czajkowski SM. Depression as a Risk Factor for Post-MI Mortality: A Replay to Lane et al., <i>JACC</i> 2004: In press.
Bartholomew BA, Sheps DS , Monroe S, McGorray S, Smith K, Pepine CJ: A Population-Based Evaluation of the Thrombolysis in Myocardial Infarction Risk Score for Unstable Angina and Non-ST Elevation Myocardial Infarction. <i>Clin Cardiol</i> 2004; (27) 74-78.
Goor DA, Sheffy J, Schnall RP, Arditti A, Caspi A, Bragdon EE, Sheps DS : Peripheral Arterial Tonometry: A Diagnostic Method for Detection of Myocardial Ischemia Induced during Mental Stress Tests: A Pilot Study. <i>Clin Cardiol</i> 2004 (27) 137-141.
Li G, Zhang Y, Wilsey JT and Scarpace PJ. (2004). Anorexic and thermogenic responses to MTII are unabated despite reduced melanocortin 3 and 4 receptor expression in diet-induced obese rats. <i>Journal of Endocrinology</i> , 182(1); 123-32.
Wilsey JT and Scarpace PJ. (2004). Caloric restriction reverses the deficits in leptin receptor protein and leptin signaling capacity associated with diet-induced obesity: role of leptin in the regulation of hypothalamic ObRb expression. <i>Journal of Endocrinology</i> , 181 (2): 297-306.
Ferguson MA, White LJ, McCoy S, Kim HW, Petty T and Wilsey JR . (2004). Plasma adiponectin response to acute exercise in healthy subjects. <i>European Journal of Applied Physiology</i> . 91 (2-3): 324-329.
Borst, S.E. , D.T. Lowenthal and G. Zavros (2004) Androgen biosynthesis inhibitors and androgen receptor antagonists. in <i>Encyclopedia of Endocrinology and Endocrine Diseases</i> , L. Martini, ed., Academic Press, San Diego, pp 210-213.
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Borst, S.E. and G.J. Bagby (2004) Adipose TNF is reduced during onset of insulin resistance in Sprague-Dawley Rats. <i>Cytokine</i> 25(5):217-222.
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Wilsey, J.T., S. Zolotukhin, V. Prima, and P. J. Scarpace . Central leptin gene therapy fails to overcome leptin resistance associated with diet-induced obesity. <i>Am J Physiol</i> , 285, R1011-R1020, 2003.
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Prima V., M. Tennant, O.S. Gorbatyuk, N. Muzyczka, P.J. Scarpace , and S.

Zolotukhin. Differential Modulation of Energy Balance by Leptin, CNTF, and LIF Gene Delivery: Microarray DNA-chip Analysis of Gene Expression. <i>Endocrinology</i> , 145, 2035-2045, 2004.
Wilsey, J.T. and P.J. Scarpace . Caloric restriction reverses the deficits in leptin receptor protein and leptin signaling capacity associated with diet-induced obesity: role of leptin in the regulation of hypothalamic ObRb expression. <i>J Endocrinology</i> , 181, 297-306, 2004.
Zhang, Y., M. Matheny, N. Tümer, and P.J. Scarpace . Aged-obese rats exhibit robust responses to a melanocortin agonist and antagonist despite leptin resistance. <i>Neurobiol Aging</i> , 25, 1349-1360, 2004.
Li, G., Y. Zhang, J.T. Wilsey, and P.J. Scarpace . Unabated Anorexic and Enhanced Thermogenic Responses to MTII in Diet-Induced Obese Rats Despite Reduced Melanocortin 3/4 Receptor Expression. <i>J Endocrinology</i> , 182, 123-132, 2004.
Lowenthal, D. et al. (2003). Medications and Falls in the Elderly: A Review of the Evidence and Practical Considerations. <i>Pharmacy and Therapeutics</i> , 28(11): 724-727.
Lowenthal, D. et al. (2004). Treatment of Sexual Disinhibition in Dementia. Case Reports and Review of the Literature. <i>American Journal of Therapeutics</i> , 11(3): 231-235.
Lowenthal D, et al. (2003). Reduced Serum Homocysteine Levels Following Six Months of Resistance Exercise Training in the Elderly. <i>Preventive Cardiology</i> , 6(4): 197-203.
Lowenthal D, et al. (2004). Endoscopic evaluation of the Effects of Indobufen and Aspirin in Healthy Volunteers. <i>American Journal of Therapeutics</i> , 11(2): 98-102.
Pennypacker, L. (2004) <i>On our Watch</i> . In, Caring for the Older Adult IV; GEC/GRECC/AHEC CD ROM CE Course.

Honors and Awards

STAFF MEMBER	AWARD/HONOR
Pennypacker, Leslye	Fellow, American College of Physicians (inducted May 04)

Presentations

Presentations by GRECC Staff in FY 2004	
Presenter/Title	Venue
Newell DA. Clinical Practice Guidelines and Use of Tamoxifen in Community Practice	Gerontological Society of America, San Diego, CA, November 2003
Newell DA. The Patient's Story: Assessing Student Essays on Personal Experiences in Authentic Environments	11 th International Ottawa Conference on Medical Education, Barcelona, Spain; July 2004
Newell DA. The effect of an educational intervention on patient care practices and resident knowledge	Association of Medical Education in Europe conference, Edinburgh, Scotland, UK, September 2004
Campbell C. A Geriatric Evaluation and Management Unit as a Training Site	Association of Medical Education in Europe conference, Edinburgh, Scotland, UK, September 2004
Pennypacker L. Pain and Palliative Care – Keynote presentation	University of Florida CME/Florida Pain Initiative, November 2003
Borst S. Neutralization of tumor necrosis factor- reverses beta insulin resistance in skeletal muscle, but not fat	Gerontological Society of America Annual Meeting, San Diego, CA November 2003
Borst S. Anti-tumor necrosis factor treatment reverses insulin resistance in skeletal muscle, but not fat	Annual Experimental Biology Meeting, Washington DC, April 2004
Scarpace, PJ et al including Tumer Leptin-induced leptin resistance precipitates diet-induced obesity in rats	NAASO, 2004
Scarpace et al including Wilsey Oral Vanadium Enhances the Effects of Central Leptin in Lean Rats	NAASO, 2004
Scarpace et al including Tumer The melanocortin agonist MTH circumvents aged related leptin resistance	Endocrinology, 2004
Scarpace et al Pro-opiomelanocortin gene delivery in the hypothalamus reduces body weight and improves glucose metabolism in aged obese rats	Endocrinology, 2004
Scarpace et al including Tumer Chronic leptin gene delivery desensitizes leptin mediated STAT3 transcription factor binding but does not fully account for leptin resistance	Control Release Society, 2004
Wilsey JT Strategies to overcome Obesity-Associated Leptin Resistance	GRECC Research Conference, Feb. 11, 2004

Nadeau Dementia Diagnosis and Management	GRECC Gerontology and Geriatrics Lecture Series, Spring 2004
Lowenthal DL Comprehensive Geriatrics Assessment	GRECC Gerontology and Geriatrics Lecture Series, Spring 2004
Pennypacker L End of Life Care	GRECC Gerontology and Geriatrics Lecture Series, Spring 2004

Committees and Task Forces served by GRECC Core Staff in FY2004

STAFF MEMBER	COMMITTEE/TASK FORCE
Meuleman	Education Committee - American Geriatrics Society (AGS)
Pennypacker	Advisory Committee – Hospice Veterans Partnership Steering Committee/State of Florida
	Accelerated Clinical Training (ACT) in Palliative Care Mentor
Newell	Education Committee – MRVAMC
	Geriatrics and Extended Care Committee – MRVAMC/NF-SG VHA
	ADEE Group, VACO
Spates	VISN 8 Education Committee subcommittee
Campbell	NFSG RCA Falls Committee
	Geriatrics and Extended Care Committee – MRVA
Tumer	Chair, Subcommittee on Research Safety, MRVAMC
	R & D Committee, MRVAMC
Gresh	Information Managers Council
Lowenthal	Queri Review Board, VACO

Education and Training Offerings

Each year the GRECC hosts a number of educational and training offerings targeted towards a variety of health care professional audiences. Following are schedules of lectures, conference content and seminars sponsored by the GRECC in FY04.

2004 Schedule for Geriatrics/Gerontology and Geriatrics Primary Care Lecture Series 1-2 PM		
Each lecture is held in the Gainesville Auditorium of the Malcom Randall VA and broadcast via VTC to specific locations, including Lake City, Valdosta, Daytona, Tallahassee, Jacksonville, Orlando, Inverness, St. Augustine, Leesburg and South Daytona		
DATE	TOPIC	SPEAKER
1/20/04	Comprehensive Geriatric Assessment	David Lowenthal, MD, PhD Director Emeritus, GRECC
1/27/04	Tube Feeding in the Elderly Patient	Nan Musson, CCC-SLP, BC-NCD Speech Pathology Services/Neurology Services
2/10	Heart Failure Management for Elderly Patients	Richard S. Schofield, MD Cardiology, Shands Hospital
2/17	Differential Diagnosis of hand pain in the Elderly Patient	Kathy Outman, OTR/L Bruce Mueller, OTR/L, CHT
2/24	The Law and Ethics in Geriatric Care	Bill Allen, JD Director, Bioethics and Law; Community Health and Family Medicine, University of Florida
*3/2	Dementia in the Elderly: Diagnosis and Management	Steve Nadeau, MD, PhD Neurology
3/9	End of Life Care	Leslye Pennypacker, MD Geriatrics and Extended Care
3/16	Nutrition Assessment and the role of nutrition management in elderly patients with chronic disease	Jennifer Stavig, MS, RD, LD Lake City VA
3/23	Interdisciplinary Team Building for Care of Geriatric Patients	Stephanie Hoffman, PhD Tampa VA
3/30	Medication Issues with Elderly Patients	Mark Burlingame, PharmD Mark Chirico, PharmD
*4/6	Follow up Measures in the Treatment of Depression in the Elderly Patient	Josepha Cheong, MD Professor of Psychiatry and Neurology, UF
4/13	Anticipatory Grief in families and geriatric patients with debilitating illness	Mary Fullerton, LMSW
4/20	Evaluation of Falls in the Elderly Patient	Kathy Light, PhD University of Florida
4/27	Sexuality, Aging and Geriatric Gynecology	Susan Stewart, MSN, ARNP
*5/4	Abuse and Neglect of Elders	Nannette Hoffman, MD Chief, Geriatrics and Extended Care

*Comfort, Care & Compassion:
End-of-Life and Palliative Care
for the Elderly in the 21st Century*

Conference at a Glance Schedule			
Wednesday Evening September 22, 2004			
TIME	Session	Presenters	Location
6:00 p.m. – 8:00 p.m.	Check in for pre-registered participants (Conference materials only may be obtained during this time.)		Terrace Pavilion Pre-function
Thursday Morning September 23, 2004			
7:00 a.m. – 8:15 a.m.	Conference registration, CE/CME registration, sign-in and continental breakfast		Terrace Pavilion Pre-function
8:15 a.m. – 8:30 a.m.	Welcome	Tim Bowen Leslye Pennypacker, MD	Terrace Pavilion 1
8:30 a.m. – 12:20 p.m.	Plenary Sessions		All morning plenary sessions will be held in: Terrace Pavilion 1
8:30 a.m. – 9:20 a.m.	Sharing Bad News	F. Amos Bailey, MD	Terrace Pavilion 1
9:20 a.m. – 10:10 a.m.	Partnerships in Palliative Care	Becky Borgert, PharmD Mary Mahon, RN, OCN, CRNH	Terrace Pavilion 1
10:10 a.m. – 10:40 a.m.	Break and Vendor Exhibits		Terrace Pavilion 2
10:40 a.m. – 11:30 a.m.	Ethical & Legal Issues Surrounding End-of- Life Care	William Allen, JD, M.Div.	Terrace Pavilion 1
11:30 a.m. – 12:20 p.m.	Disease Trajectories at End of Life	Jon Fuller, MD	Terrace Pavilion 1
12:20 p.m. – 1:45 p.m.	Luncheon Address <i>Lunch provided</i>	Yosaif August	River Terrace 2

	We are the Medicine: Optimizing the Power of Healing Partnerships		
Thursday Afternoon			
1:45 p.m. – 3:00 p.m.	Concurrent Breakout Sessions [A]		
	The Evidence for Polypharmacy in Palliative Care: Discontinuing Unnecessary Medications and the Use of Novel Treatment Options for Symptom Management	Rebecca Borgert, Pharm D. Suzanne Machuca, PharmD.	City Terrace 10
	Enhancing Care Planning and Collaboration in Skilled Nursing Facilities: A Model That Works	Gwendolyn Burk, M.Ed, MSS, LCSW	City Terrace 6
	Essentials of Communication in End-of-Life Care	Jon Fuller, MD	City Terrace 7
	Help History Discovery: Accelerating Insight Through Purposeful Dialogue	Suzie Lyons, LCSW, AP	City Terrace 11
	Clinical Care Pathways	Rozanne Smith, MSN, ARNP, NP-C Arlene Davis, CNS, Oncology Claudia Downing, BSN, MSN	City Terrace 8
	Challenges in Pain Management at the End of Life: A Regulatory, Spiritual and Cultural Collision	William Allen, JD, M. Div.	City Terrace 5
	Tapping the Power of Visits for Healing	Yosaif August	City Terrace 9
3:00 p.m. - 3:30 p.m.	Break and Vendor Exhibits		Terrace Pavilion 2
3:30 p.m. – 4:45 p.m.	Concurrent Breakout Sessions [A] Repeated		
	The Evidence for Polypharmacy in Palliative Care: Discontinuing Unnecessary Medications and the Use of Novel Treatment Options for Symptom Management	Rebecca Borgert, Pharm D. Suzanne Machuca, PharmD.	City Terrace 10
	Enhancing Care Planning and Collaboration in Skilled Nursing Facilities: A Model That Works	Gwendolyn Burk, M.Ed, MSS, LCSW	City Terrace 6
	Essentials of Communication in End-of-Life Care	Jon Fuller, MD	City Terrace 7
	Help History Discovery: Accelerating Insight Through Purposeful Dialogue	Susie Lyons, LCSW, AP	City Terrace 11
	Clinical Care Pathways	Rozanne Smith, MSN, ARNP, NP-C Arlene Davis, CNS, Oncology Claudia Downing, BSN, MSN	City Terrace 8
	Challenges in Pain Management at the End of Life: A Regulatory, Spiritual and Cultural Collision	William Allen, JD, M. Div.	City Terrace 5

	Tapping the Power of Visits for Healing	Yosaif August	City Terrace 9
5:00 p.m. – 7:00 p.m.	Wine & Cheese Reception and Book Signing	Yosaif August, <i>Help Me to Heal</i> F. Amos Bailey, MD, <i>The Palliative Response</i>	River Terrace 3 / River Deck 4
Friday September 24, 2004			
7:30 a.m. - 8:15 a.m.	Sign-in, continental breakfast and vendor exhibits		Terrace Pavilion Pre-function
8:15 a.m. – 8:30 a.m.	Welcome	Sandra Fein, RN, MA Debra Newell, PhD	Terrace Pavilion 1
8:30 a.m.– 9:45 a.m.	Concurrent Breakout Sessions [B]		
	Who Takes Care of You?	Nina Powell, LCSW, MSW, MHS	City Terrace 10
	Keeping Faith: Religion and Spirituality in the Lives of African Americans Living With a Life Limiting Illness	Cathy Campbell, PhD, ARNP	City Terrace 6
	Ethics: Six common palliative maneuvers	F. Amos Bailey, MD	City Terrace 7
	Dynamics of Hope: An Evolving Journey at End of Life	Robert H. McCollough, MD Lynn Paden, RN, BSN, CHPN.	City Terrace 11
	Spiritual Care in Multiple End-of-Life Settings	Rev. Jack Donovan, MDiv Fr. Dennis Young, MDiv	City Terrace 5
	Tackling Those Difficult Cases: An Interdisciplinary Perspective	Leslye Pennypacker, MD Chuck Levy, MD Rozanne Smith, MSN, ARNP, NP-C Suzanne Machuca, Pharm.D	City Terrace 9
9:45 a.m. – 10:15 a.m.	Break & Vendor Exhibits		Terrace Pavilion 2
10:15 a.m. - 11:30 a.m.	Concurrent Breakout Sessions [B] Repeated		

	Who Takes Care of You?	Nina Powell, LCSW, MSW, MHS	City Terrace 10
	Keeping Faith: Religion and Spirituality in the Lives of African Americans Living With a Life Limiting Illness	Cathy Campbell, PhD, ARNP	City Terrace 6
	Ethics: Six common palliative maneuvers	F. Amos Bailey, MD	City Terrace 7
	Dynamics of Hope: An Evolving Journey at End of Life	Robert H. McCollough, MD Lynn Paden, RN, BSN, CHPN.	City Terrace 11
	Spiritual Care in Multiple End-of-Life Settings	Rev. Jack Donovan, MDiv Fr. Dennis Young, MDiv	City Terrace 5
	Tackling Those Difficult Cases: An Interdisciplinary Perspective	Leslye Pennypacker, MD Chuck Levy, MD Rozanne Smith, MSN, ARNP, NP-C Suzanne Machuca, Pharm.D	City Terrace 9
11:30 a.m. – 12:30 p.m.	Networking Luncheon <i>Lunch provided</i>		River Terrace 2
Friday Afternoon			
12:30 p.m. - 1:30 p.m.	Interdisciplinary Roundtable Discussion Operationalizing Challenges: Theory to Practice	Moderator: John R. Meuleman, MD; F. Amos Bailey, MD; Tim Bowen; Jack Donovan, M. Div.; Rozanne Smith, MSN; Leslye Pennypacker, MD; Nina Powell, LCSW MSW	Terrace Pavilion 1
1:30 p.m. – 2:30 p.m.	Closing Address Relief of Suffering: Beyond Pain Control	F. Amos Bailey, MD	Terrace Pavilion 1
2:30 p.m. – 3:00 p.m.	Closing Comments and Adjournment	Tim Bowen	Terrace Pavilion 1

Schedule for GRECC Research Conference 2003-2004

Each Research Conference is held in the GRECC Library from 12N – 1 P

Wednesday, October 8th, 2003, noon, GRECC Conference Room

Brett Cleveland, Novartis Pharmaceutical, will provide lunch and make a presentation on Exelon (generic = rivastigmine, cholinesterase inhibitor for Alzheimer's disease)

Wednesday, October 29th, 2003, noon, GRECC Conference Room

Kye Dixon, Janssen Pharmaceutica, will provide lunch and make a presentation on "Chronic pain in the elderly (Duragesic® transdermal fentanyl)"

Wednesday, December 10th, 2003, noon, GRECC Conference Room

Kye Dixon, Janssen Pharmaceutica, will provide lunch and make a presentation on "Treatment of dementia with Reminyl® (= galantamine, a reversible, competitive cholinesterase inhibitor)

Wednesday, January 14th, 2004, noon, GRECC Conference Room

Jimmie Vail, Pfizer Inc will provide lunch and make a presentation on treating pain in elderly patients.

Wednesday, February 11th, 2004, noon, GRECC Conference Room

Jared Wilsey, Ph.D. "Strategies to overcome obesity-associated leptin resistance"

Wednesday, March 10th, 2004, noon, GRECC Conference Room

Kye Dixon, Janssen Pharmaceutica, will provide lunch and make a presentation on "Treatment of psychosis in the elderly with Risperdal® (risperidone, dopamine-2 and serotonin-2 receptor antagonist)".

Wednesday, March 24th, 2004, noon, GRECC Conference Room

Brett Cleveland, Novartis Pharmaceutical will provide lunch and sponsor Kim Schnackey, Pharm. D. to talk about "Drug interactions; the clinical implications of metabolism".

Wednesday, April 14th, 2004, noon, GRECC Conference Room

Jimmie Vail, Pfizer Inc will provide lunch and make a presentation on treating pain in elderly patients.

Wednesday, May 12th, 2004, noon, GRECC Conference Room

Kye Dixon, Janssen Pharmaceutica, will provide lunch and make a presentation on "Treatment of reflux disease with Aciphex® (rabeprazole, proton pump inhibitor)

Wednesday, June 2nd, 2004, noon, GRECC Conference Room

Mark Bishop, P.T., Ph.D. will make a presentation on "Changes in Mobility Disorders: Preliminary Results from the Gait and Balance Clinic".

FY 2004 Friday Geriatrics Conference List

DATE	SPEAKER	TITLE
October 2003		
Friday 10/3/03	Susan Maroney, OT	A driver rehabilitation specialist's guide to assessing older drivers
Friday 10/10/03	Sherif El-Salawy, MD	Use of medication by the elderly population
Friday 10/17/03	Florenda Fortner, MD	Withholding artificial nutrition in the terminally ill
Friday 10/24/03	Sushama Ippagunta, MD	Geriatric Nutrition
Friday 10/31/02	Faisal Bhinder, MD	Anemia
November 2003		
Friday 11/7/03	Nicole Prieto, PT	Benign paroxysmal positional vertigo
Friday 11/14/03	Suzanne Machuca, PharmD	Monitoring drug therapy in the nursing home
Friday 11/21/03	Leslye Pennypacker, MD	Journal club
December 2003		
Friday 12/5/03	Nannette Hoffman, MD	Journal Club
Friday 12/12/03	Sheri Kline, ARNP	Telehealth
Friday 12/19/03	Mark Chirico, PharmD	New drugs for 2003
Friday 12/26/03	Holiday no conference	
January 2004		
Friday 01/09/04	Faisal Bhinder, MD	Colorectal Cancer
Friday 01/16/04	Sherif El-Salawy, MD	Use of Digoxin in the Elderly
Friday 01/23/04	Florenda Fortner, MD	Falls in the Elderly
Friday 01/30/04	Sushama Ippagunta, MD	Geriatric Depression
February 2004		
Friday 02/06/04	John Meuleman, MD	Journal Club
Friday 02/13/04	Nancy Brainard, RN	Products for wound healing
Friday 02/20/04	Becky Borgert, Pharm D.	Palliative Care Pharmacy Update
Friday 02/27/04	Stan Wesson, MD	Dermatologic problems in the elderly
March 2004		

Friday 03/05/04	Leilani Doty, Ph.D	Progressive Dementia: Stages and Care Management
Friday 03/12/04	Bobbi Henken, Ph.D	Nutrition and Immune Function
Friday 03/19/04	Scott Lagasse, Pharm D	Reducing Hypertension in the Elderly
Friday 03/26/04	Apputhury Praisoody, MD	A Yoga Based Program for Falls Reduction and Mood Stabilization
April 2004		
Friday 04/02/04	Leslye Pennypacker, MD	Journal Club
Friday 04/09/04	Nan Musson, PhD	Introduction to Dysphagia: Difficulty Eating and Swallowing
Friday 04/16/04	Mark Burlingame, PharmD	COX-2 inhibitors: Clinical and Economic Issues
Friday 04/23/04	Charrise McCallister, PharmD	Drug-induced hyperkalemia
	Scott Lagasse, PharmD	COPD
Friday 04/30/04	Rita Bonnett	Monitoring Vancomycin
	Daniel Carvajal	Monitoring Atypical Antipsychotics
May 2004		
Friday 05/07/04	Julie Malphurs, PhD	Diabetes and depression among Older adults: a proposed telemedicine intervention
Friday 05/14/04	Anishka Richardson PharmD	Erectile dysfunction
	Patricia Taylor, PharmD	Update on Treatment for Clostridium Difficile & recurrent episodes
Friday 05/21/04	Faisal Bhinder MD	Hepatitis C
Friday 05/28/04	Sushama Ippagunta MD	Infections in the Elderly
June 2004		
Friday 06/4/04	Sherif El-Salawy, MD	Secondary Causes of Osteoporosis
Friday 06/11/04	Florenda Fortner, MD	Alzheimer's Disease
Friday 06/18/04	John Meuleman, MD	Journal Club
Friday 06/25/04		Year End Program Evaluation
July 2004		
Friday 07/9/04		Welcome party for new fellows and pharmacy residents
Friday 07/16/04	Nannette Hoffman, MD	Preventive care in the elderly
Friday 07/23/04	John Meuleman, MD	Geriatric Assessment
Friday 07/30/04	Stephen Nadeau, MD	Dementia

August 2004		
Friday 08/06/04	John Meuleman, MD	Board Review
Friday 08/13/04	Henrique Kallas, MD	Delirium Cancelled due to Hurricanes
Friday 08/20/04	David Lowenthal, MD, PhD	Geropharmacology
Friday 08/27/04	Leslye Pennypacker, MD	Medical Issues Specific to Elderly Women
September 2004		
Friday 09/03/04	David Lowenthal, MD, PhD	Drugs and the elderly
Friday 09/03/04	Don Jurivich, DO	Cancelled due to hurricane Biology of Aging: Cellular Stress Responses Dr. Jurivich is Chief of Geriatrics at the University of Illinois, Chicago, IL
Friday 09/10/04	Mark Burlingame, PharmD	COX-2 Inhibitors: Clinical and Economic Issues
Friday 09/17/04	Nannette Hoffman, MD	Medical Care in the Nursing Home
Friday 09/24/04		Cancelled due to Conference in Jacksonville
October 2004		
Friday 10/01/04	Miho Baustista, MD	Telemedicine
Friday 10/08/04	Yassir Rahman, MD	Vascular heart disease
Friday 10/15/04	Manish Sahni, MD	Heel ultrasound for assessing Bone density
Friday 10/22/04	Shalini Goswami	Use of Anodyne Therapy
Friday 10/29/04	JoAnne Halter	A Guide to home care services Gentiva Health Ser

Appendices

- A. Geriatric Evaluation and Management (GEM) report
- B. Impact Evaluation – Spring 2004 Lecture Series

GERIATRIC EVALUATION & MANAGEMENT UNIT

**MANAGEMENT BRIEFING
OCTOBER 31, 2004**

**Colleen Campbell MSN, ARNP-BC, CRRN-A
Geriatric Evaluation & Management Unit Coordinator**

PROGRAM PROFILE

Mission Statement

The Geriatric Evaluation and Management (GEM) program's primary mission, along the continuum of care is providing the highest quality subacute geriatric rehabilitation/restorative care, enhanced by medical education and clinical research.

Vision

To provide "state of the art" sub-acute inpatient geriatric rehabilitation/restorative care that enables the veteran to be discharged to the least restrictive environment.

Clinical Goals, Objectives, and Challenges for the coming year

Goal 2004	Objective	Challenge
1. Team retreat with program planning and team development by 5/05	a. Improve interdisciplinary team communication and morale	a. Obtaining nursing leadership support b. Funding
2. Redesign BKA fast track	a. Ensure appropriate stump care	a. Competing stakeholders (PM&R amputee team , Vascular Surgery, wound care nurse, GEM medical team and GEM nursing) needs
3. Implementation of the "GEM" resident card	a. Strengthen clinical information related to rehab/restorative care	a. Resistance to change
4. Briefing on JACHO subacute intent statements to GRECC Clinical Care	a. Meet or exceed quality standards of care for patients enrolled in the GEM program	a. Potential for changes to program requirements
5. Write abstract and develop poster presentation on demonstration projects: <i>A Transitional Living Apartment in a Nursing Home Setting and Home Assessments Utilizing a Video Camera</i>	a. Dissemination of clinical knowledge	a. Competing demands of clinical provider

Action Plan to Achieve Clinical Goals

Goal 2004	Action Plan	Person(s) Responsible
1. Team Retreat with program planning and team development by 5/05	a. Oct'04 meeting with ACNS-G&EC to seek nursing leadership support	GEM Coordinator with mentoring from VISN Interdisciplinary Team Center/GRECC Education Staff
2. Redesign BKA fast track	a. Oct'04 round table discussion with stakeholders	GEM Coordinator
3. Implementation of the "GEM" resident card	a. Oct '04 start date b. Attending to make a statement of support	GEM Coordinator/GEM Attending
4. Briefing on JACHO subacute intent statements to GRECC Associate Director of Clinical Care	a. Develop briefing by 4/05	GEM Coordinator
5. Write abstract and develop poster presentation on demonstration projects: <i>A Transitional Living Apartment in a Nursing Home Setting and Home Assessments Utilizing a Video Camera</i>	a. Present demonstration projects at a rehabilitation conference	GEM Coordinator/Extended Care OT team member with mentoring from GRECC Educational Staff

Graduate and Post-graduate Educational Goals, Objectives and Challenges for the coming year

Goal 2004	Objective	Challenge
1. Implementation of the "GEM" resident card	a. Strengthen clinical information related to geriatric rehab/restorative care	a. Resistance to change

Action Plan for obtaining Graduate and Post-graduate Educational Goals

Goal 2004	Action Plan	Person(s) Responsible
1. Implementation of the “GEM” resident card	a. Educate medical residents monthly on key rehabilitation elements b. Request GEM attending make monthly statement regarding expectation for use	GEM Coordinator/GEM Attending

Impacts and/or Potential Impacts on Program

The continued growth of geriatric population and need for rehabilitation and restorative care

Aging Vietnam Veteran with complex mental health issues

JCAHO preparedness: unannounced site visits

Potential for the implementation of VA Geriatric Extended Care (GEC) Referral Form

MDS

Implementation of Clinical/Education Committee focusing on graduate/post-graduate medical education

Continued nursing shortage

Continued need for building improvements-Lack of appropriate lighting, in-wall oxygen, and in-wall suction

Room closure due to the roof of extended care building leaking

Demonstration Projects

- *The Transitional Living Apartment in a Nursing Home Setting:* Due to the Extended Care Building’s roof leaking and subsequent patient room closures the GEM apartment is currently being utilized as a NHCU patient room.
- *Home Assessments Utilizing a Video Camera:* Due to OT workload and staffing issues, a home assessment utilizing a video camera has not been utilized the past year. Major barriers regarding timely return of the camera and personal issues have been resolved. Poster presentation targeted for early summer 2005.
- *Developing Leadership/Communication Skills of Front Line Professional:* Due to the demands of JCAHO preparedness this project was placed on hold. Currently, a meeting between the GRECC clinical staff and Extended Care Nursing leadership to discuss the possibility of an interdisciplinary team retreat that would incorporate

leadership/communication skills for the front line professional is being planned for in early December 2004.

Evaluation of Resources

Staffing

The GEM continues to employ an interdisciplinary team approach to care utilizing qualified personnel who are assigned from a variety of services whose skill level ranges from novice to expert. Several new VA employees were assigned to the GEM interdisciplinary team by their services, including social worker, occupational therapy, and physical therapy. Also, many of the assigned personnel act as preceptors for the GRECC Trainee Program and/or are assigned to multiple programs.

Morale

Morale seems not to be as good as this time last year. There has been an increase in bickering, complaints of lack of cooperation between team members, and personalizing care issues.

Staff Development

A 2003 program enhancement was the implementation of interdisciplinary team training. Team members would present a short in-service at ITC on a topic of their choice, however, the interdisciplinary in-services have been replaced by mandated JACHO briefings.

Presentations:

1. Association of Medical Education in Europe (AMEE), September 2004, Edinburgh, Scotland
Poster Presentation: *A Geriatric Evaluation and Management Unit (GEM) as a Model Training site for Medical Residents and Fellows.*

Need: Because of the multifaceted nature of society and the world's aging population no one discipline has all the required skills to care for complex patients. Health care policy makers, hospital administrators and the general public are demanding improved customer service and expect optimal patient outcomes such as decreased length of stay. The Committee on the Quality of Health Care in America Report, *Crossing The Quality Chasm: a new health system for the 21st century*, provides principles and guidance for redesign of the nation's health care system that represent fundamental changes to meet the needs of the people it serves. The Report identified interdisciplinary care as the model of care that assists in maintaining public trust and ensures the delivery of high quality patient care in today's healthcare system. The delivery of geriatric care is based on the interdisciplinary approach to care which can be applied to any point along the continuum of care. However, interdisciplinary care has not been integrated into adult acute care and adult primary care clinical practice. Another issue facing the redesign of our healthcare system is few faculty members are prepared to teach interdisciplinary care. Healthcare providers and educators have an ethical obligation to be committed to patient advocacy, and clinical excellence. Interdisciplinary care is one way in meeting this obligation.

Known outcomes: Known benefits of interdisciplinary care include shorter hospital stays, fewer drug prescriptions, lower mortality and greater satisfaction among patients and caretakers (Baldwin, D.C., Jr. *Journal of Interprofessional Care*, 1996). Other benefits interdisciplinary of care ensures the delivery of high quality patient care by maintaining the vitality of the team, encourages new approaches to care, and provides the required skills to care for complex patients.

Goals of Poster Presentation: The majority the medical community understands the known benefits of interdisciplinary care; few practitioners apply interdisciplinary care to their practice. The poster provided key teaching components utilized by The Geriatric Research Education Clinical Center (GRECC) and Extended Care faculty that assists with teaching interdisciplinary care and changing a mindset from a multidisciplinary approach to care to a culture of interdisciplinary care. Key teaching components included the development of team teaching goals, specific teaching tools (i.e., templates which provide the necessary cues of interdisciplinary care), and addressing the need for continuous learning by the formation of an Educational – Clinical Committee. Also presented was a pictorial interdisciplinary care teaching model.

INNOVATIVE PRODUCT: The development of a “GEM” card to assist with teaching geriatric rehabilitation and restorative care to the geriatric fellows and medical residents. Also, the “GEM” card provides necessary cues that assist the geriatric fellow and medical resident to assimilate rapidly into the interdisciplinary team. Intellectual protection is being applied for.

2. Association of Medical Education in Europe (AMEE), September 2004, Edinburgh, Scotland
Poster Presentation: *Effect of an Educational Intervention on Patient Care Practices and Resident Knowledge*

Need: Graduate level medical education has come under scrutiny and is called to objectively relate clinical experiences to identified outcomes for house staff and patients alike. Secondly, there is a renewed emphasis on Fellows and house staff teaching trainees and medical students. Next, there is a renewed emphasis on inter-professional team training. And, finally, there is recognition of the importance of training in geriatric rehabilitation. The Geriatric Evaluation and Management (GEM) unit is an ideal setting, where renewed emphasis in these areas can be taught and assessed. In our particular unit, it was discovered that the house staff and trainees were not appropriately identifying and describing the problem for which a rehabilitation consult was being requested. This created a great deal of uncertainty in how to approach a consult evaluation, created extra work for the GEM coordinator and rehabilitation staff, and contributed to loss of time in accomplishing what needed to be done for a patient. Working in a team is at times hindered by the constant flux in staffing, and it was agreed that continual attention to each of these areas is beneficial on multiple levels. Thus, the pilot project was developed and the pre-pilot testing has been completed.

Goals of the presentation:

Promote the importance of rehabilitation assessment and continuity of care for geriatric patients
Demonstrate that educational interventions can be effectively implemented and objectively assessed in a clinical setting

Associate continuous learning as everyone's responsibility – student, resident, fellow and faculty

Known outcomes:

Development of a teaching case with an assessment component and scoring rubric

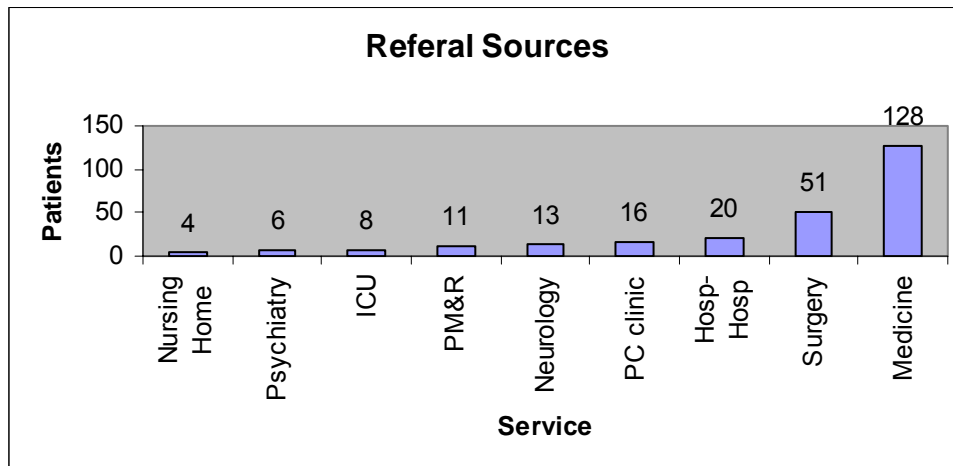
Development of a pre-post test that has been piloted and slightly revised.

Development of a Rehabilitation Consult trigger card

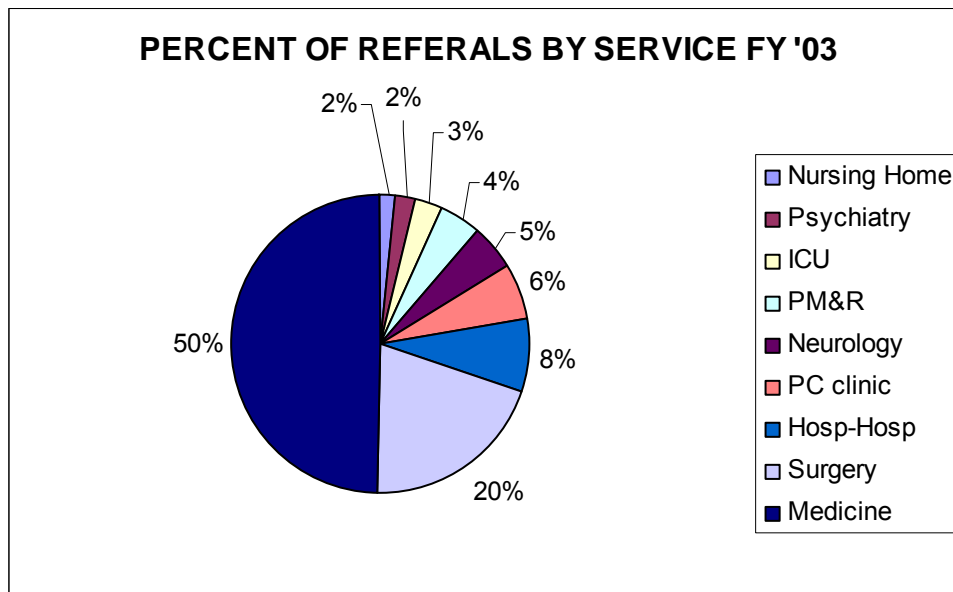
Innovation: Upon implementation, this project will incorporate multiple national educational and patient care priorities into the training process and impact patient outcomes.

Program Evaluation

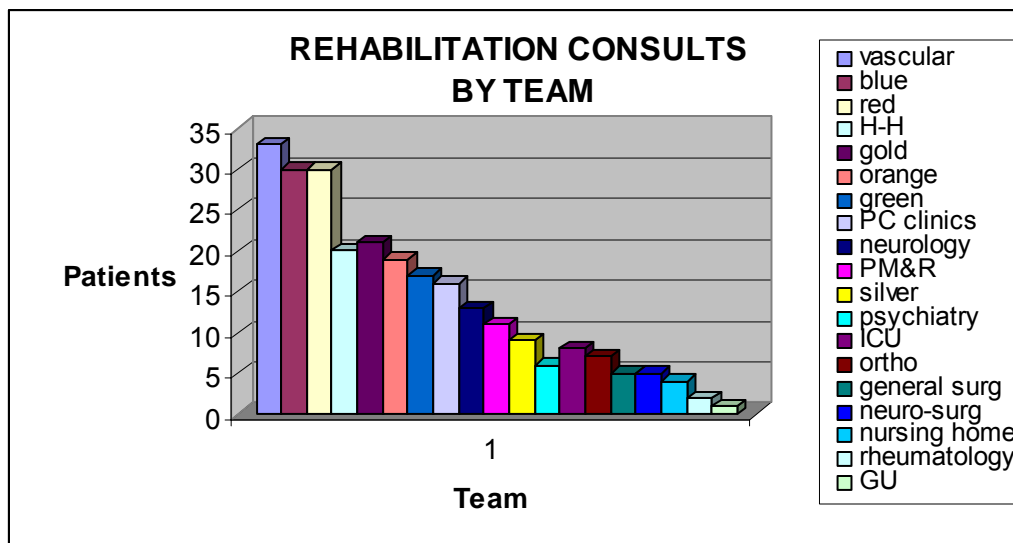
Patients are referred from a variety of sources, such as Medicine, Surgery and other facilities, with a range of four to 128. (Figure 1)



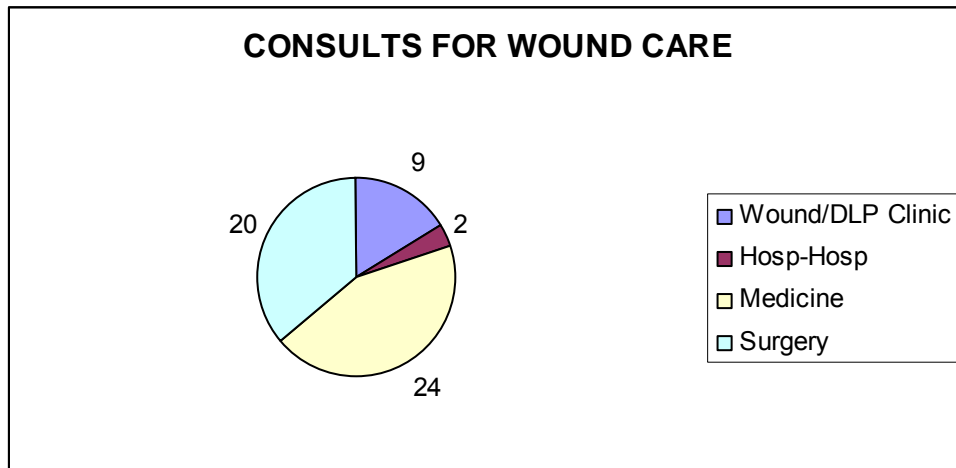
Fifty percent of patients are referred from medicine service and 20% from surgical service. The rest of patients are referred from a variety of sources. (Figure 2)



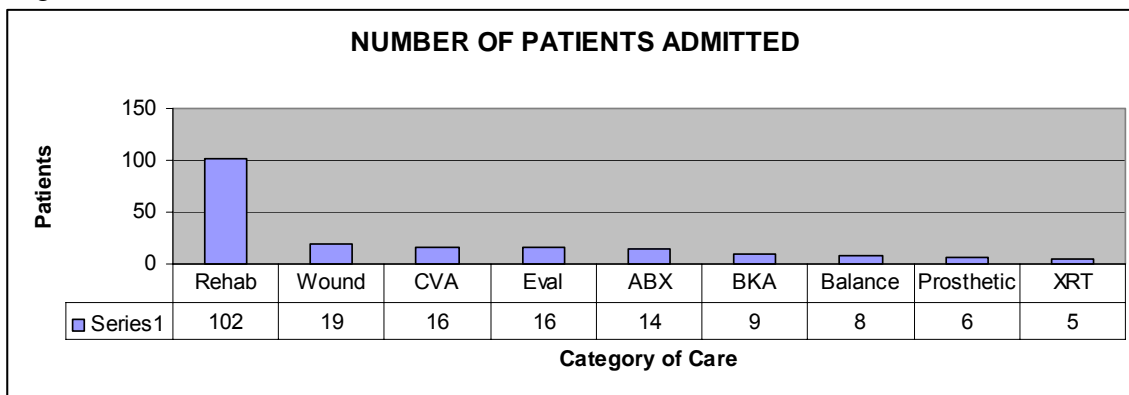
The vascular team referred the most patient followed by Blue and Red medicine team (Figure 3)



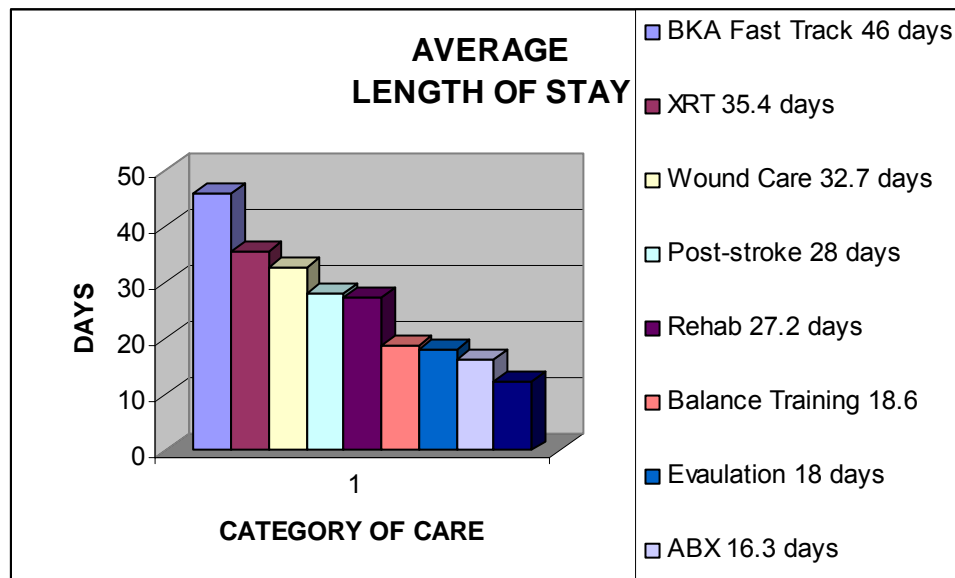
Medicine and surgery service refer the most patient for complex wound care, followed Wound care Clinic and Diabetic Limb Loss Clinic. Referrals from other facilities make up a very small number of patients. (Figure 4)



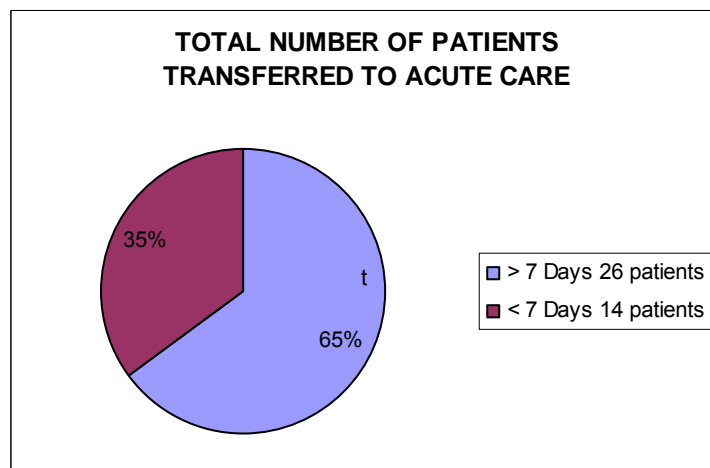
102 patients were referred to for general rehabilitation and restorative care (Rehab) (Figure 5)



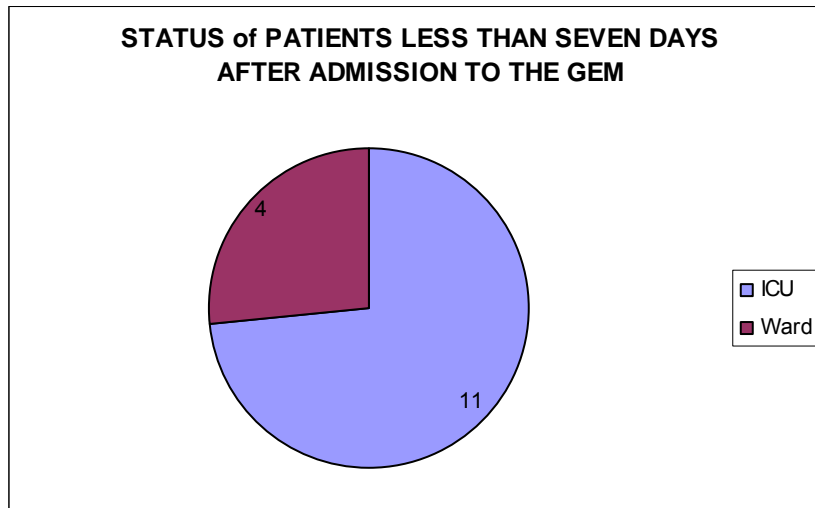
Average length of stay ranged from 46 days for below the knee fast track program (BKA Fast Track) to 16.3 days for patients who required prolonged antibiotic therapy (ABX) (Figure 6)



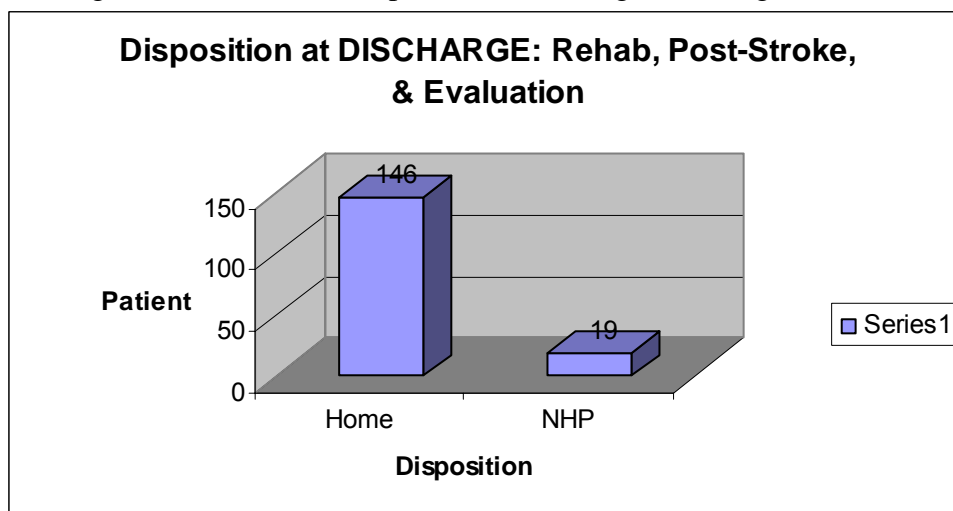
Forty patients were transfers back to acute care. 65% or 26 patients were transferred at least seven days after admission and 35% or 14 patients were transferred less than 7days after admission (Figure 7)



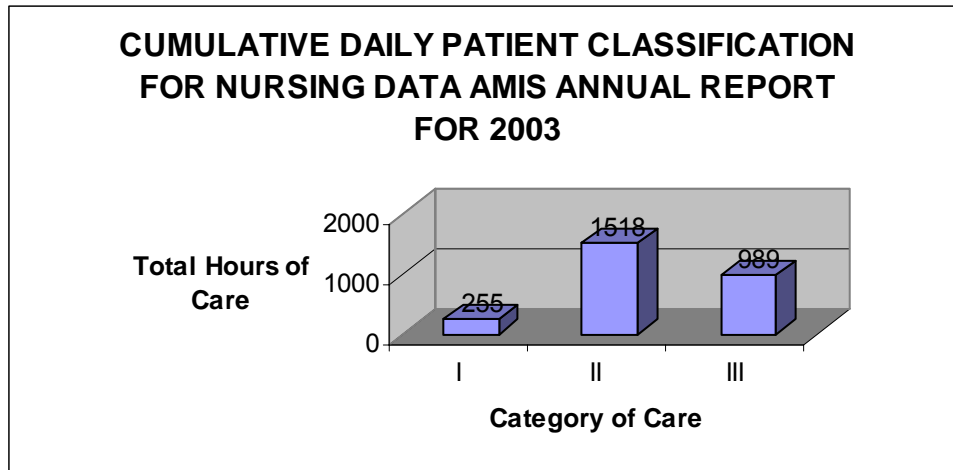
Of the 14 patients who were transferred to acute care less than seven days after admission 11 of those patients were transferred directly to an ICU (Figure 7)



Out of 156 patients who received rehabilitation/restorative care and an evaluation, 146 were discharged home and 10 were placed in a nursing home (Figure 8)

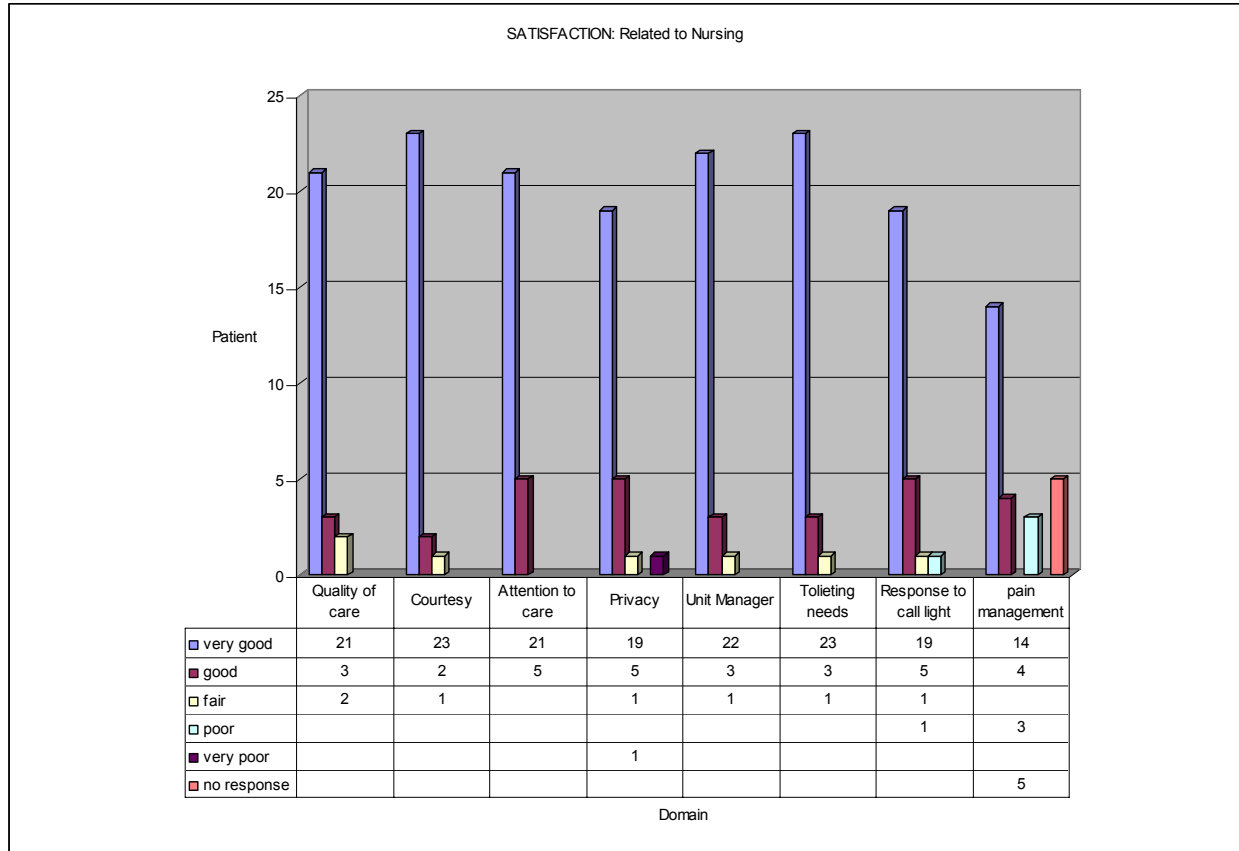


The majority of patient acuity level was classified as a Category II and III respectively (Figure 9)



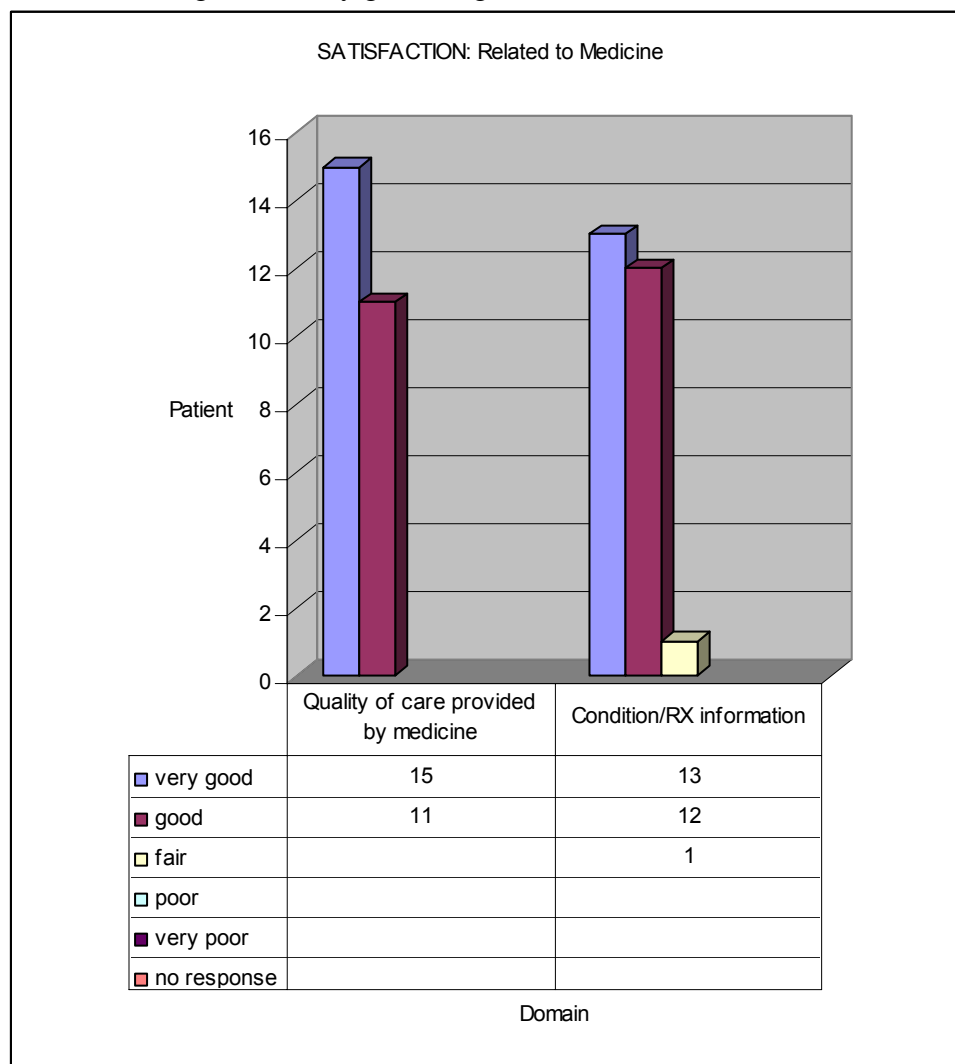
GERIATRIC EVALUATION & MANAGEMENT UNIT SATISFACTION SURVEY

The majority of patients were satisfied with their care (Fig 1)



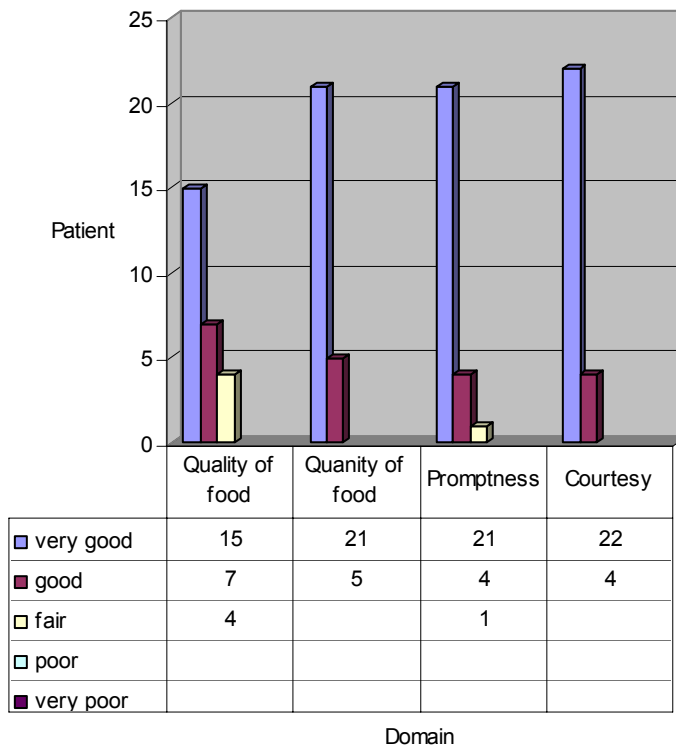
All 26 patients rated the quality of care as good to very good; and 25 patients rated medical

information as good to very good (Fig 2)

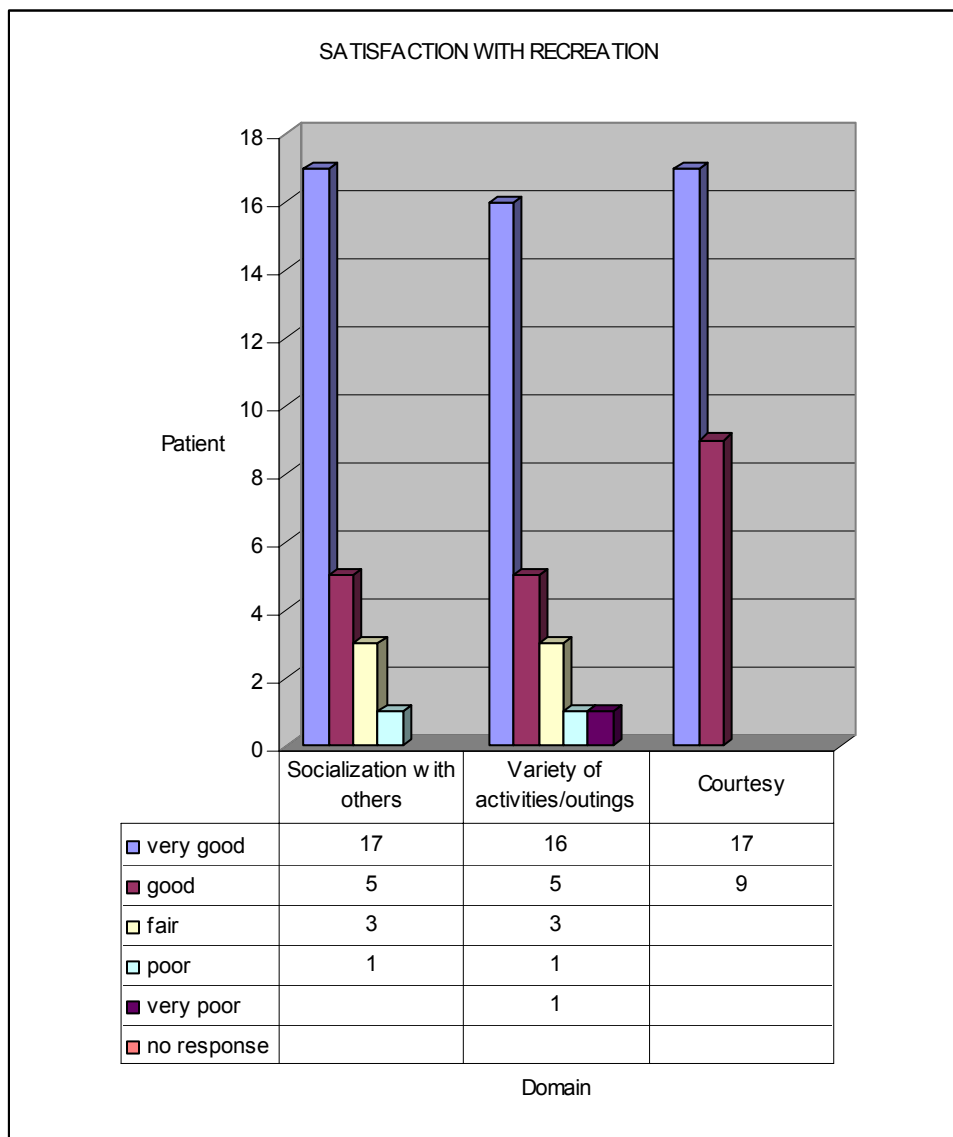


The majority of patients rated food service as very good (Fig 3)

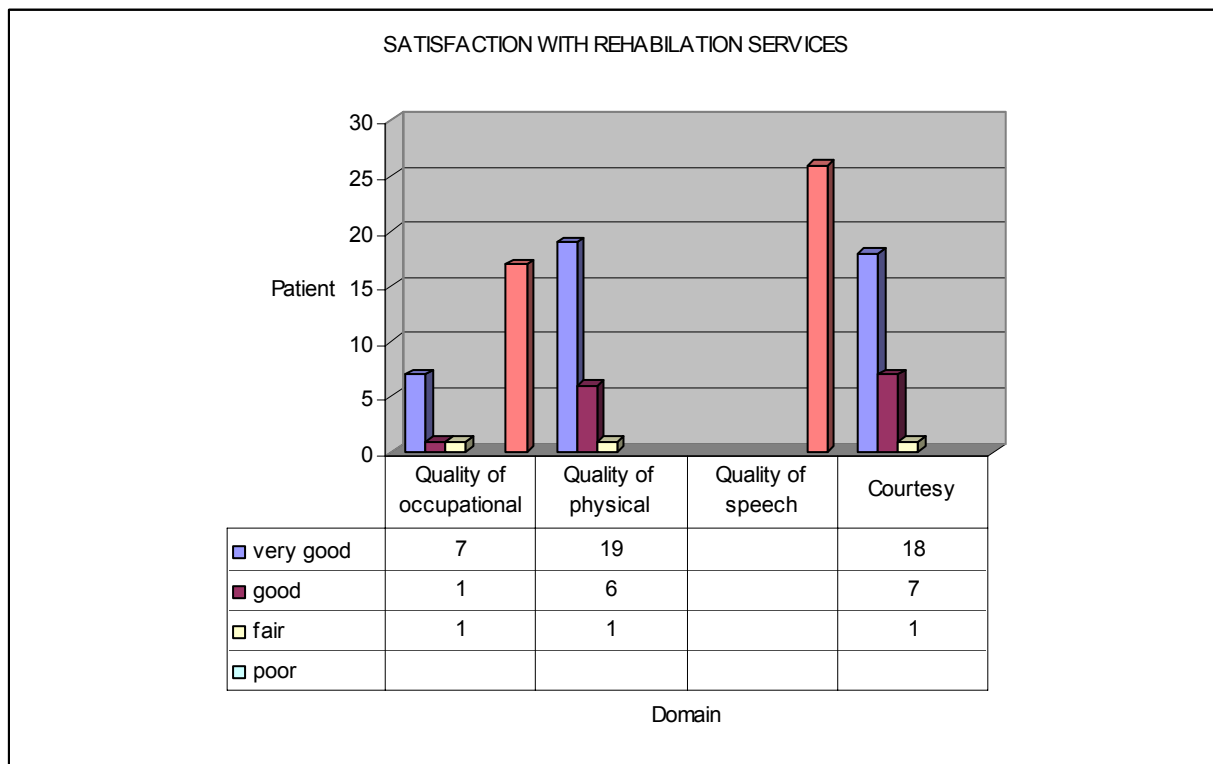
SATISFACTION: Related to Food Service



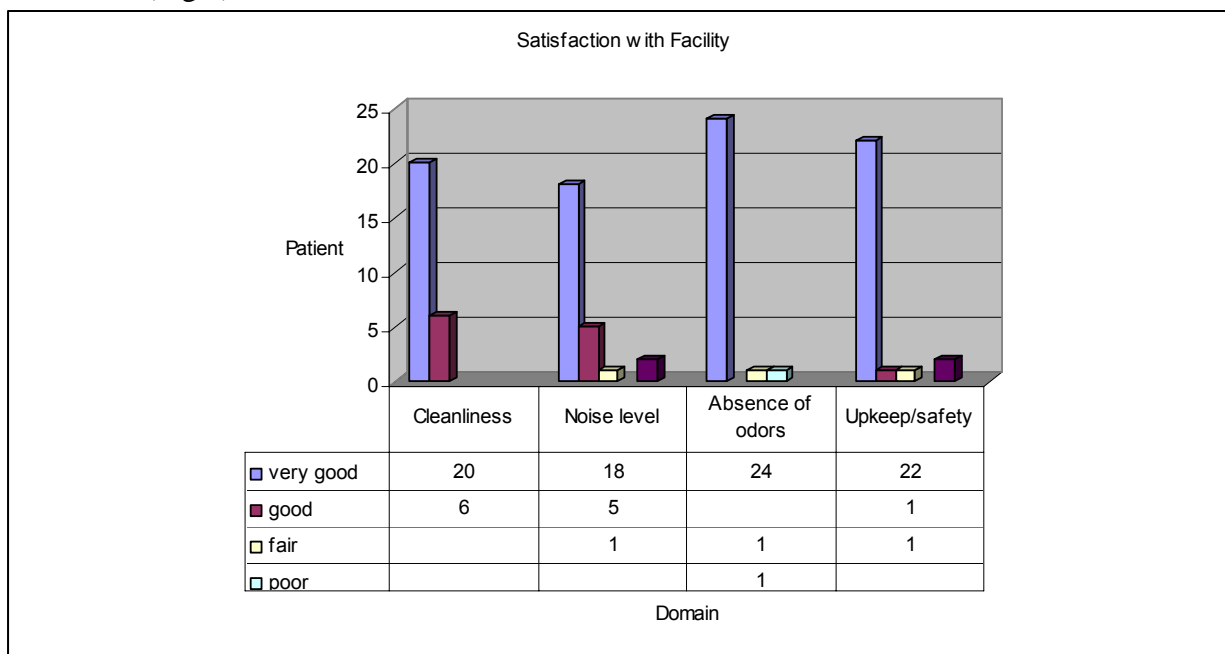
Many of the patients thought the recreational activities were very good; however, three patients were dissatisfied. (Fig 4)



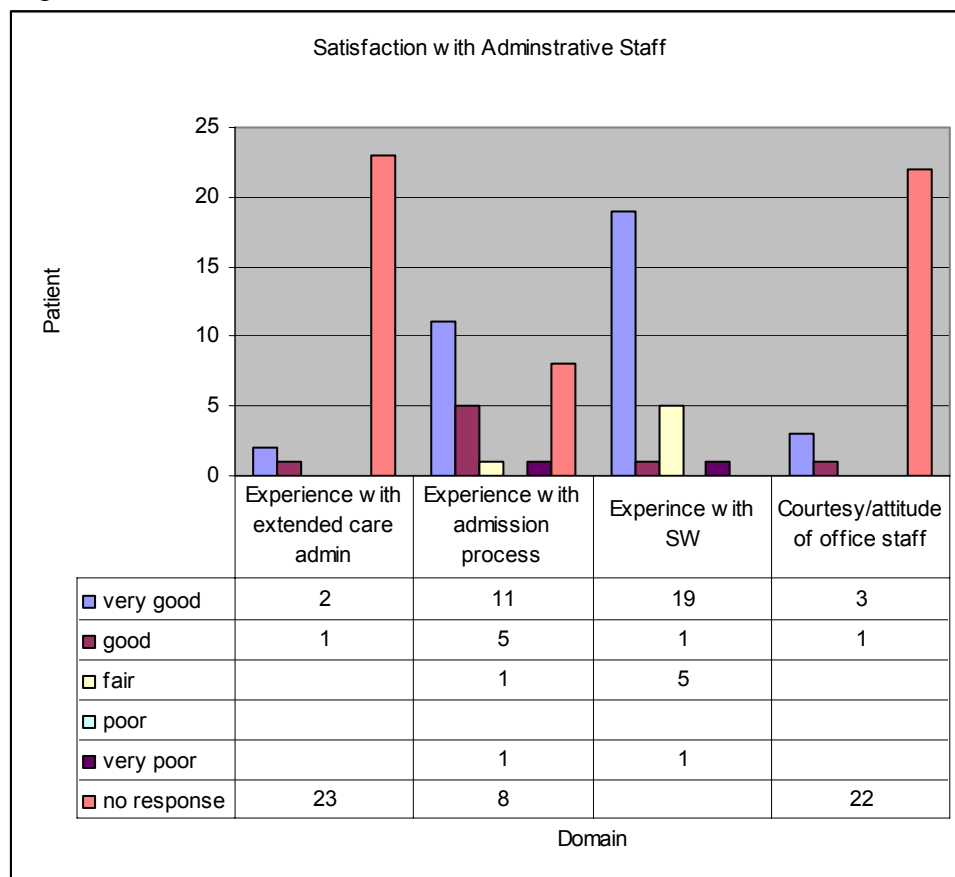
The majority of patient rated rehabilitation service as good to very good. (Fig 5)



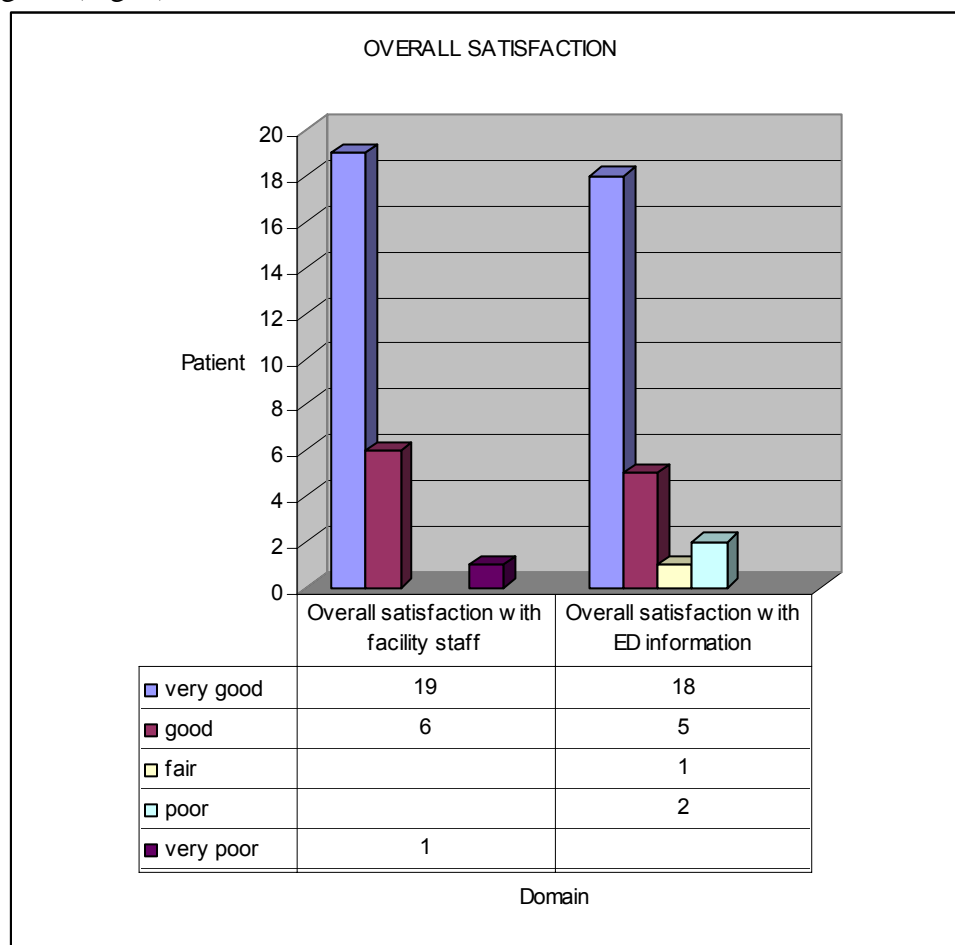
Of the 26 patients 18-24 reported the facility to be clean, absent of odors, safe and had a low noise level (Fig 6)



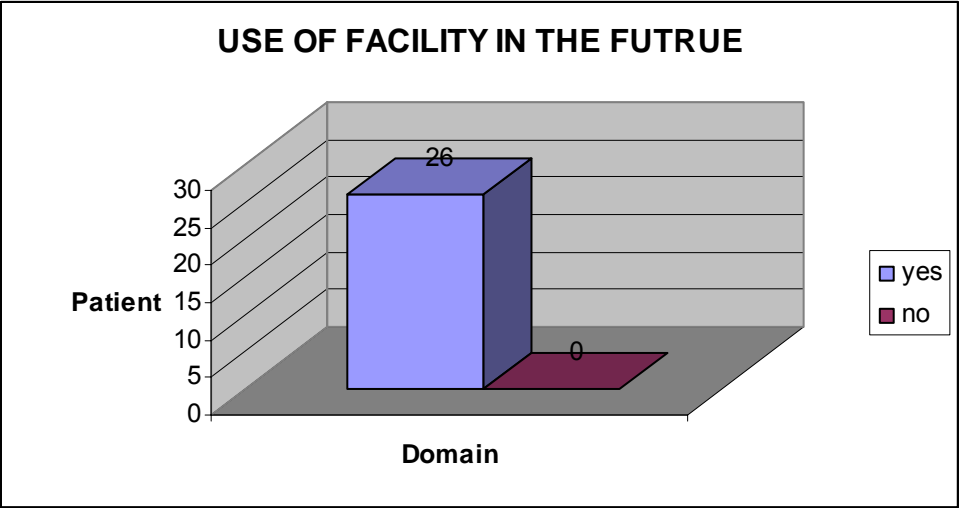
Patients experience with social work was very good. Also, 11 patients rated the admission process as good. The majority of patients do not perceive they interact with administrative staff (Fig 7)



Overall the patients satisfaction with facility staff and educational information were rated as very good (Fig. 8)



All 26 patients reported if in the future they needed they would like to return to this unit (Fig 9)



IMPACT EVALUATION

GRECC Lecture Series 2004

Each presentation in the Lecture Series is evaluated by the participants. A summary of the usefulness of presentation material by lecture is available for review. The figures below show the summary of the impact evaluation (conducted approximately 3-4 months post lecture) responses, in aggregate across lectures. The four response option categories were: A great deal, somewhat, a little, not at all.

